

**Department of Mental Health  
Annual Individual and Family Support Plan  
FY 2015**

## **Overview of Family Support**

*Definition used by the Department of Mental Health:*

The Department of Mental Health (DMH) defines family support through program and practice expectations. Family support includes all activities that assist families to support the growth, recovery and rehabilitation of their affected family member. In providing family support, DMH uses a very broad definition of family, which may include adults and children, parents and guardians, other relatives, and non-related individuals whom the client defines as family and who play a significant role in the client's life. In addition, DMH includes in this report support that is provided to the person themselves in order to facilitate his or her recovery process as these activities are central to the mission and values of the Department.

*Types of individual and family support services available:*

- Age and role-appropriate education that enables family members and individuals to better understand mental health issues and the treatment being offered to their family member with mental illness or serious emotional disturbance and to themselves
- Direct assistance in caring for a family member with mental health needs
- Training in managing challenges that a family member presents
- Linkage with other resources that can reduce the care-giving burden, recognizing that children and adolescents, as well as adults, may be serving in a care-giving capacity for their family member with mental health problems
- Linkage with other resources that promote recovery, resiliency and wellness
- Linkage with other families either coping or struggling with the same concerns
- Provision of parent support providers and family partners to adults caring for children with serious emotional disturbance and of peer support to adults and parents with mental health conditions
- Training and assistance in advocating on behalf of family members or for themselves and in building leadership skills
- Assistance in navigating the human services and special education system, dealing with eligibility requirements, and accessing entitlements and insurance for family members and for themselves
- Supports that sustain and strengthen families, such as respite care
- Supports that promote recovery, resiliency and empowerment, including peer-run services
- Supports that focus on the strengths of the person and the family and assist them in achieving life and family goals
- Support groups for families, siblings, other caregivers, and individuals

*Network for providing family and individual support services*

Family and individual support is interwoven into numerous activities and services within DMH. These activities include DMH case management services and contract services, such as

Individual and Family Flexible Support Services, Area-based Family Support Specialists, Recovery Learning Communities, Program for Assertive Community Treatment (PACT), Clubhouses, and Community Based Flexible Supports (CBFS). Opportunities for family and consumer input are extensive and routinely available.

*Processes used to get input for the Family Support Plan from families of individuals who receive DMH-funded services*

- DMH Area and Site boards regularly participate in needs assessments and program planning. (Ongoing)
- The Mental Health Planning Council, a federally mandated body including consumers and family members of adults, adolescents and children, meets throughout the year. There are several subcommittees of the Planning Council with significant family member and consumer involvement. These include the Professional Advisory Committee on Child/Adolescent Mental Health (PAC), Youth Development Committee, Multicultural Advisory Committee, TransCom (The Transformation Committee), Restraint/Seclusion Elimination Committee, and the Parent Support Committee. (Ongoing)
- PPAL, the Parent Professional Advocacy League, conducts monthly training and information sessions with DMH Family Support Specialists and MassHealth funded Family Partners. A senior DMH staff person attends these meetings and uses them to keep up with issues, problems, and accomplishments as well as to present information to the group for feedback.
- The Massachusetts Chapter of the National Alliance for the Mentally Ill (NAMI-Mass) and the Parent Professional Advocacy League (PPAL) are in frequent communication with the Department regarding issues of concerns to family members. (Ongoing)
- The DMH CORE (Council on Recovery and Education), a consumer council was established in SFY11 to: provide the consumer perspective on emerging and ongoing DMH policy and programming initiatives; enable DMH senior and other staff to have access to consumer thinking on a range of issues facing the Department; and disseminate key information from DMH statewide, regionally and locally.
- For children and adolescents, DMH service system planning is aligned with implementation of the Children's Behavioral Health Initiative (CBHI), the first phase of which is the remedy for the Rosie D lawsuit. The population directly affected by the remedy (MassHealth members from birth to 21 with SED) includes many families who are also part of the DMH service population. Therefore, DMH continues to assess how it purchases and delivers services so that its services align with the Commonwealth's overarching goal of a service system for families of children with serious emotional disturbance that addresses child and family needs regardless of the family's insurance status or particular agency involvement. The input from families of youth up to age 21 and from young adults is critical in guiding thinking about the DMH child-adolescent system and is solicited through targeted meetings of parents and young adults, as well as the active participation and engagement of parents who sit as members of the CBHI executive and advisory committees and other DMH policy committees.
- Multiple meetings were held across the state with parents of children with serious emotional disturbance (SED) as part of the planning process for implementation of new child and adolescent residential and family partner services, Caring Together, which

DMH jointly procured with DCF. The purpose of these meetings was to gain better understanding of the services families are seeking and how they might best be delivered.

- DMH has enhanced its websites and public information materials to make information about DMH services more available. Approximately 70% of requests for information received by DMH come from family members of consumers.
- Through administrative processes, staff assignment, and procurement, DMH will continue to address key concerns raised to date by families and people receiving services, to the extent that resources allow. Specific recommendations to enhance family and individual support include:
  - Make information about DMH and its services easier for families and consumers to obtain
  - Improve access to services that enable a child to receive appropriate services in a timely manner, thereby significantly decreasing the burden on families
  - Continue to focus assessment and services on a strengths-based, youth and family driven approach
  - Redesign services to strengthen consumer and family voice and choice and increase flexibility of service system to meet the individual and changing needs of the person and their family
  - Work with providers so that they can do a better job informing families about their family member's diagnosis and its implications
  - Provide peer and parent support for consumers and their family members and build it in at various levels of the service delivery system
  - Increase availability of respite care, including mobile respite, peer-run respite and respite for caregivers of youth with SED
  - Include families and consumers on human rights committees
  - Recognize that adults who are parenting while trying to cope with their own mental illness need specialized services and supports, for themselves and for their children
  - Make sure that "crisis plans" for adults who are parents address what will happen to their children
  - Keep the focus on "recovery" for adults – provide them with the opportunity to become effective, capable independent adults (and parents)
- DMH conducts an annual satisfaction and outcome survey of adults receiving services and of family members of youth receiving services. The family member survey assesses the following domains: general satisfaction, access, quality and appropriateness, functioning, treatment outcomes, social connectedness, participation in treatment planning and family-centeredness. The adult consumer survey assesses general satisfaction, access, quality and appropriateness, functioning, treatment outcomes, social connectedness, participation in treatment planning, person-centeredness, self-determination, health and wellness, and hope. Both surveys also request written comments about helpful aspects of treatment and areas for improvement.

## **The Plan**

The DMH family and individual support initiatives discussed below represent DMH's response to date to the input given by families and consumers through the ongoing DMH processes of constituent involvement in program development. Parents, family members, and consumers have been involved in both the design and implementation phase of these initiatives. Specific levels of involvement are identified with each initiative.

### **I. Family Empowerment**

#### **Current Initiatives**

Family members and consumers are represented on various councils and advisory boards that provide significant input and direction into the development of DMH policies, procedures, program development and service evaluation, including:

- Commissioner's Statewide Advisory Council
- State Mental Health Planning Council and its subcommittees, including the Professional Advisory Committee on Children's Mental Health (PAC), Youth Development Committee, TransCom, Restraint/Seclusion Elimination Committee and the Multicultural Advisory Committee. Parents and consumers also assume leadership roles on these subcommittees.
- CBHI Executive Team, chaired by the Commissioner of the Department of Mental Health and attended by senior leadership of the other child serving agencies and of EOHHS, with representation by two parents.
- The Children's Behavioral Health Advisory Council, established in 2009 in response to Chapter 321, the Children's Mental Health Law, has parent representation as Council members.
- Young adults are represented on the following committees and workgroups: Children's Behavioral Health Advisory Council, DMH Healthy Changes Task Force, Young Children's Council, DMH Council on Recovery and Empowerment (CORE), MBHP Consumer Council, Youth Development Committee, and the Statewide Young Adult Advisory Council.
- Site and Area Boards that advise on local program development, regulations, statutes and policies.
- Service procurement process through community forums, Requests for Information (RFIs) and membership on proposal review committees that make recommendations to the Department about contract awards. Recent procurement activity with family and consumer involvement include: Community Based Flexible Supports, Peer Respite and Clubhouse Services in the adult service system and Individual and Family Flexible Supports and DMH/DCF Caring Together Residential Services in the child and adolescent service system. More specific input is also solicited from families and young adults as part of other DMH child-adolescent service procurements. Family members serve on design teams, are represented on Selection Review Teams, and co-present with state agency staff at provider forums and meetings with state agency staff as an orientation to new service models being procured. Family representatives participate on the Caring Together Implementation Advisory Committee which also includes members

of provider organizations. This committee, which meets on a monthly basis, provides ongoing input to the Caring Together leadership regarding issues arising from the implementation of the Caring Together system and standards.

- Family representatives will be participating on a committee of stakeholders to develop quality and outcome indicators for Caring Together services.
- Contract management meetings and other and other local committees that work on the details of refining and improving the quality of DMH services.
- From 2006 until the project ended in September, 2012, DMH made a significant contribution to the research and intervention projects developed by the Family Options Project team at the UMMS Center for Mental Health Services Research. DMH administrators, staff, clients and family members were key stakeholders in identifying the team's agenda, implementing projects, and disseminating findings to the field, consumers and family members and a DMH staff member served on the project's Steering Committee. One of the projects was a collaboration between researchers from the UMMS and Employment Options, Inc., a psychosocial rehabilitation clubhouse agency, to study both the process of implementing an innovative psychosocial rehabilitation intervention for parents with serious mental illness and their children and its outcomes

During the last several years, DMH strengthened the infrastructure and supports for consumer, youth and family involvement in policy and program development with the goal that all policy and program development is guided by consumer and family voice.

- In FY11, the DMH Commissioner issued a Directive that set forth a procedure to provide consumers and family members with stipends and travel reimbursement for participation in policy development and planning activities.
- Also in FY11, DMH established the CORE (Council on Recovery and Education), as a consumer council to provide the consumer perspective on emerging and ongoing DMH policy and programming initiatives; enable DMH senior and other staff to have access to consumer thinking on a range of issues facing the Department; and disseminate key information from DMH statewide, regionally and locally. The Council on Recovery and Empowerment (CORE) has consumer representation from across the Commonwealth. CORE members serve as one link between the DMH Central Office and grassroots consumers in Recovery Learning Communities, Clubhouses, and other local settings. In FY13, the CORE met with senior staff to discuss and give input on human rights enforcement, room and board charges in residential programs, regulations surrounding extraordinary medical procedures, informed consent policy and the Outpatient Commitment Bill.
- The DMH Director of Policy tracks consumer, youth and family involvement in policy and program development, solicits feedback on their experience, and modifies the processes used to engage consumers and families as needed.
- In FY12, DMH promulgated an Electronic Device Use Policy. The policy established the standards and procedures for the possession and usage of Electronic Devices at DMH inpatient facilities. A workgroup of consumers and other interested stakeholders developed recommendations which were used as the foundation for the policy. The policy recognizes that Electronic Devices are often people's primary link to the community and for an individual hospitalized, maintaining this connection facilitates their own recovery and successful re-integration into the community.

- In FY13, DMH promulgated two policies (one for its inpatient facilities, and one for community services) governing risk activities at DMH. Specifically, the policies standardize procedures for assessing, identifying, documenting, and sharing information related to individual risk and safety. In developing these policies, DMH acknowledged that most people living with serious mental illness are more likely to be victims of violence rather than be violent, and that risk and safety issues only arise in particular contexts for some individuals served by DMH. These policies guide DMH's efforts to help mitigate such issues when they are identified. Prior to promulgating these policies DMH received feedback and input from stakeholders, including persons with lived experience and family members. The Community Risk Mitigation Policy included peers and human rights coordinators on all risk related committees and activities.
- In FY13, DMH opened the Worcester Recovery Center and Hospital (WRCH), a 320-bed, state-of-the-art psychiatric facility. In planning for the WRCH opening, the DMH Director of Policy convened a workgroup of families, consumers and other interested stakeholders to inform the development of the policies, procedures and the environment of care at this new facility. This diverse workgroup met weekly over a six month period and developed a set of recommendations on issues that promote recovery and are important to consumers and families, including the environment that greets patients and visitors, admissions process, discharge and treatment planning, visitors processes, and staff training. The recommendations were utilized by DMH senior leadership and the new facility steering committee in developing the policies and procedures for WRCH.
- DMH procured Joint DMH/DCF Child/Adolescent Residential Services, and included parents, youth, and other family members in the procurement process. More than thirty-five members served as members of procurement review committees, providing an important perspective into the needs of families as the proposals were evaluated.

DMH also contracts with the Parent/Professional Advocacy League (PPAL), the state chapter of the National Federation of Families for Children's Mental Health and statewide organization responsible for making sure that the voices of parents and family members of children with mental health needs are represented in all policy and program development forums both within DMH and in other state agency and interagency forums. PPAL efforts to promote family empowerment include:

- On-going support, through networking, information-sharing, and training, for the network of forty-three DMH Family Support Specialists to enhance their advocacy skills.
- Regular communication with the local support groups facilitated by DMH Family Support Specialists. This communication is used to solicit input on proposed changes to state and federal laws, regulations, and program designs that affect children with mental health challenges.
- Feedback from PPAL to DMH staff about problems that parents are experiencing in regard to service access and quality based on information from support groups, surveys that it conducts, and calls to the office. PPAL members have also been frank about the fact that, beyond the child identified as the client, family members often have their own needs, and PPAL has advocated for service provision that is built on an understanding of the needs and strengths of both the child and the family.

- Development of a model for the training of family specialists in state-funded activities, including the Family Partners working in the CBHI Community Service Agencies (CSA) and as part of the Mobile Crisis Teams and the DMH Family Support Specialists working in the community.
- Collaboration with DMH to solicit ad hoc input from parents, youth, and family members regarding specific issues that impact DMH service design, practice, and policy formulation.
- DMH contracted with PPAL to conduct a statewide survey of parents regarding the role and importance of respite care in maintaining youth at home and in the community. The results of the survey have been released (<http://ppal.net/wp-content/uploads/2011/01/Repite-Care-What-Families-Say.pdf>) and were presented at the 2013 Annual Children's Mental Health Research & Policy Conference.

## **New Initiatives**

- DMH procured Adult Clubhouse Services and included consumers in the procurement process, including representation on proposal review committees. The contracts began on July 1, 2013.
- In FY14, the CORE met with both DMH officials and external legal advocates to discuss and give input regarding important current issues: the goals of the Office of Recovery and Empowerment, the unified health care plan for persons dually eligible for Medicaid and Medicare, emerging peer roles in the mental health system, Whole Health Action Management (WHAM), Mental Health First Aid, and regulations regarding extraordinary medical procedures. The council spent two meetings receiving guidance on how to do effective legislative advocacy as individuals or as members of external consumer groups.
- The Transformation Center produced a video training for people who use services to learn about Person-Centered Planning. This video is part of the overall system effort to engage all parties in understanding the process.
- On July 1, 2014, DMH issued a new informed consent policy (psychiatric medications only) that is more consistent with its recovery philosophy and person/family centered approaches to care. DMH supports the right of individuals to participate, to the greatest extent possible, in all phases of decision-making concerning treatment with psychiatric medications. Throughout the two year development process, persons with lived experience actively participated in shaping this policy to ensure that the policy supports shared decision making between an individual and their prescribing clinician. This policy clarifies how informed consent and authorization for treatment with psychiatric medications is obtained and documented within DMH operated and contracted continuing care inpatient facilities, DMH operated acute inpatient units, Intensive Residential Treatment Programs, Clinically Residential Treatment Programs and DMH operated community services where psychiatric medications are prescribed.
- The State Mental Health Planning Council subcommittees remained active this year and provided significant input into policy and program development. In May 2013, the Council voted to establish a new subcommittee on housing. The initial membership of the subcommittee includes people with lived experience and family members of adults/young adults. Examples of subcommittee activities that included substantial family member and consumer involvement include:

- Professional Advisory Committee on Children's Mental Health (PAC): Ongoing involvement and monitoring of the Children's Behavioral Health Initiative and planning for medical homes and primary care-behavioral health integration.
- Youth Development Committee: Participation in continuation components of the STAY (Success for Transition Age Youth) Together Grant (described in the Interagency Collaboration Section), trainings for GLBTQ Youth and on youth/young adult employment, and development of youth website with EOHHS; development of a formalized Young Adult Peer Mentoring curriculum, and development of an orientation video of various DMH transition age young adult resources and supports.
- Multicultural Advisory Committee (MAC): Continued participation in other advisory bodies of the Department and community groups and organizations. During SFY14, the MAC and the Office of Multicultural Affairs organized the Metro Boston Mental Health Awareness Forum in the first of what is expected to be a series of regional “public conversations” on mental health. A subsequent event was held in Lynn.
- Restraint/Seclusion Elimination Committee: Developed certificate of achievement to be awarded to facilities with restraint-free months; developed a year-long plan to visit all state-operated facilities; planning to prepare a report on findings, including best practices and recommendations.
- TransCom: Continued efforts to support and sustain the successful integration of peer specialists into the workforce, including recommendations on supervision of peers and revision of a *Culture of Respect* document, addressing personal disclosure and respectful interactions in the workplace.
- Planning Council Steering Committee: Continued involvement in developing the agenda for meetings and facilitating the business of the Council.
- In April 2013, the State Mental Health Planning Council convened a forum to focus on early childhood mental health. A panel of key informants, including a Family Partner working on a SAMSHA-funded early childhood mental health initiative, presented on key elements and considerations relating to early childhood mental health services and supports. The Council agreed to convene an ad hoc work group to develop recommendations for increasing awareness about early childhood mental health and strengthening resources, supports, and services to families of young children with behavioral health needs. These recommendations are scheduled to be completed by Spring 2014.
- In FY14, DMH held a series of regional dialogues throughout the state to encourage input on CBFS core services and programs from CBFS clients and interested parties. This information is being used to inform the CBFS rate setting process.
- In FY14, DMH Child/Adolescent Services launched a new initiative to assess respite services for DMH families of youth with SED, with the goal of identifying opportunities for strengthening and expanding access to and options for utilizing respite care in both community-based and facility-based settings.
- In FY14, DMH was awarded a 4 year, \$4 Million dollar SAMSHA STAY Together Implementation Grant in partnership with CBHI that includes as one of its five goals partnering with and providing support and education to parents and caregivers whose youth are transitioning to adulthood. Key activities relating to this goal include:
  1. Training for Lead Family Partners in supervising Peer Mentors. Training for Peer Mentor Supervisors has been held and ongoing coaching is occurring as needed. A



- supervision training manual for the Family Partners has been developed and was given to the current supervisors.
2. On-going psycho-educational training for parents and caregivers. In partnership with PPAL, the project developed and published a training curriculum for parents of transitioning youth, *Transition Planning: Empowering Families*, to address: changing roles of families; overview of benefits, health care and advocacy; legal options; and communicating with one's child and with the child's provider. Training has been held with two groups and the evaluations are very positive. Training of more groups is occurring. From these groups, family members will be selected and trained to provide more training to other family members. After the training there is usually an interest to become a member of a support group. Interested parents/family members will be selected and trained to become support group facilitators and will be assisted in setting up the support groups.
  - Development of six support groups for parents and caregivers of young adults, one in each of the MassHealth Community Service Agencies (CSA).

## **II. Family Leadership**

### **Current Initiatives**

DMH provides and supports numerous opportunities for families and consumers to enhance and develop leadership and advocacy skills, including:

- NAMI's "Family to Family" curriculum utilizes a train-the-trainer model to help families learn essential skills relevant to caring for a family member with mental illness and become knowledgeable about available interventions and resources. Trainers then run groups in their local areas and thus continue to build an informed family base. In addition, NAMI trains family members to co-facilitate support groups for families.
- Parents of DMH clients participate in trainings offered through Families Organizing for Change that focuses on advocacy strategies.
- PPAL provides monthly trainings for DMH Family Support Specialists and MassHealth Family Support & Training Family Partners that build skills in specific areas, such as effective advocacy with schools and insurers and evidence based treatments. PPAL has also provided training on family empowerment for parents of Medicaid enrollees.
- The Parent Information Network (PIN) through BAMSI and funded by the Department of Mental Health includes a "Parents of Transitional Age Youth Program" that provides information, education, guidance, outreach and support to parents of transitional age youth (14-25) who have emotional, behavioral, and/or mental health challenges. This includes support groups, parent/community education, online support, resource center and one-on-one support.
- Family support funds are used to pay for expenses associated with attending conferences and trainings.
- Parents from across the state attend and often present at the annual national conference of the Federation of Families for Children's Mental Health, the annual children's mental health research conference sponsored by the Research and Training Center of the

University of South Florida, and the annual Building on Family Strengths conference sponsored by the Research and Training center of Portland State University.

- Parents co-chair the Family Advisory Committee of the Massachusetts Behavioral Health Partnership (MBHP) and are represented on the EOHHS Children's Behavioral Health Advisory Council. Parents serve on the Department of Elementary and Secondary Education's Statewide Advisory Committee for Special
- In FY12, the DMH Commissioner announced the reorganization of the Office of Consumer Affairs into the Office of Recovery and Empowerment (ORE) in recognition of to further support DMH in expanding its peer workforce, informing the system on the principles of consumer choice, and raising awareness among the mental health community and the general public of DMH's commitment to Community First. DMH hired a new Director of the Office of Recovery and Empowerment. The Director is a member of the Senior Executive Team and gives voice on the peer perspective in regards to service design and policy. Through the leadership provided by the Director and the ORE staff, revisions in regulatory language and policy have become more increasingly person-centered. Key goals of the ORE are to become more community-focused, trauma-informed and person-driven. Staff have partnered with allied groups to promote forums on discussion on the evolution peer roles and expanding the influence of peers within and beyond the DMH system.
- Additionally, DMH established two management positions in the Office of Recovery and Empowerment and hired peers in these roles. A third position, a Transition Age Youth Peer Coordinator, was also created as a one-year contract position, which is designed to develop TAY leaders in the mental health community. The TAY Peer Coordinator provides the DMH Youth Consumer perspective by consulting on pertinent DMH policy development and by participating on key DMH adolescent and TAY committees. The Coordinator is also active in the ongoing development of Peer Mentor and Peer Specialists training and employment opportunities.
- The Transformation Center, Massachusetts' statewide consumer technical assistance center, conducts annual peer specialist trainings. There are currently 348 people who completed the training and became Certified Peer Specialists (CPSs) after passing the oral and written examination. An additional 47 completed training in June and will sit for the certification examination in July and early August.
- The Transformation Center participates on training teams with DMH and several leading national consultants to provide training on person-centered planning and trauma-informed care.
- A DMH-convened workgroup created definitions and job descriptions of peer and family support workers to be utilized in advancing policy development, funding opportunities and implementation.
- DMH also maintains close ties with Adoptive Families Together (AFT), an organization of adoptive families that now operates as a program of the Massachusetts Society for the Prevention of Cruelty to Children. AFT provides support groups across the state and develops written material to help educate and assist parents in advocating for the best services for their children. DMH makes AFT materials available through the DMH-funded family support specialists.
- In June 2012, DMH participated in an interagency summit hosted by the Lieutenant Governor and sponsored by the Departments of Early Education and Care (DEEC) and

Children and Families (DCF) with the goal of identifying opportunities for strengthening information, referral, supports and services to adoptive families in the Commonwealth. The Summit, the first Massachusetts Post Adoptive Summit, provided leaders in Massachusetts with the opportunity to hear from national and local experts about best practices, national trends, and what is currently in place within the Commonwealth. Attendees included families, youth and adult adoptees, professionals, policymakers and practitioners who participated in discussions on key topics impacting adoptive families and developed a blueprint for improving services and supports to adoptive families

- There are new opportunities for young adult training and employment with the awarding of a five year grant to create and sustain “The Learning and Working during the Transition to Adulthood Rehabilitation Research and Training Center” at UMass Medical Center. This Center has created part-time and full-time employment positions for research or project associates, and is focused on the successful completion of education and training to assist young people (14-30) with serious mental health conditions move into rewarding and sustaining work lives.
- DMH continues to work to advance the participation and professionalization of parents and caregivers working in the system of care for children and youth with SED through DMH’s parent support network and its commitment to supporting and advancing the role of family partners and other parent/family support providers.

## **New Initiatives**

DMH is developing new opportunities to support families and consumers in developing and exercising their leadership and advocacy skills.

- Staff from the Office of Recovery and Empowerment chairs the CORE and a statewide peer worker forum that provides support to peer workers and a mechanism to bring forward issues to DMH senior leadership.
- As part of the FY14 implementation of the DMH/DCF Caring Together Child/Adolescent Residential Services, DMH intends to establish four new positions, Coordinators of Family Driven Practice. Each Coordinator will serve on one of four regional management teams of the residential services with responsibility for ensuring that residential services are responsive to the voice and needs of the parents/caregivers of youth receiving residential services.
- YDC members unanimously agree to form an Education Subcommittee to focus on the educational needs for young adults. The subcommittee finalized their following mission statement in March 2014 as follows:

*The Education Subcommittee of the Youth Development Council and the Department of Mental Health is devoted to establishing a productive collaboration with youth and young adults and secondary and post-secondary educational institutions, where mental health and education can be in a mutually beneficial coexistence. We can do this by creating a dialogue with the goal of reducing stigma in educational environments in order to enhance support and services to young adults. Members unique roles and experiences enable us to learn from and teach others to promote a culture where mental health is valued as much as academic achievement.*

- The Statewide Young Adult Council members were asked to provide the young adult perspective and feedback in the development and content of a young adult employment website in collaboration with the DMH Director of Employment, UMass “Work Without Limits,” and MORE Advertising. SYAC members help create the website name “ReachHire MA: Young Adults Building Careers in MA.” The website will provide specific Massachusetts employment and educational tools and resources for young adults. The ReachHire MA website will launch in SFY’15.
- Community engagement has been one of the areas of great prominence for the Office of Recovery and Empowerment. The Director appears before schools and in other settings to advance knowledge on mental health recovery and resiliency. The Director was also interviewed and published in the Suffolk Bearing Witness Law Journal on the history of the consumer movement and featured in the Model Employer Newsletter, Dialogue, entitled *An Advocate Becomes a Leader*, published by Massachusetts Human Resources Division.
- The Transformation Center developed a Self-Assessment process for potential CPS training applicants to self-assess their readiness for the course. In addition, The Transformation Center created and posted an on-line preparation course and encourages CPSs to offer this to people who are considering entering the peer support workforce. This online training was viewed over 1250 times.
- The CPS is a new role in mental health and overall healthcare that has been integrated in 28 states in the nation. It is not an entry level role and requires that a person have established their own personal foundation of mental health recovery with an understanding and appreciation of supports and strategies that have been personally helpful in the process. The Centers for Medicare and Medicaid issued a policy letter in 2007 encouraging states to implement this role, and a subcommittee of the Massachusetts State Mental Health Planning Council engaged in a 5 month process to articulate Peer Professional Workforce Guidelines which were published with Transformation Center technical assistance in May 2014.
- Many supervisors of CPSs are also in a process of learning about mental health recovery and the CPS role, and are not themselves a CPS. The Transformation Center produced and published an on-line training with written and video components to orient supervisors to the CPS role and to the nationally recognized role competencies around which job descriptions and supervision is organized. This training was viewed on-line over 3200 times.

### **III. Family Support Resources and Funding**

#### **Current Initiatives**

DMH is re-designing its community-based service system to improve the flexibility of services to meet the needs of consumers and families and to increase consumer, youth and family voice and choice. Family and individual support is embedded within a number of these services. Parents are usually the legal guardians and the ones responsible for their children’s care; therefore most child and adolescent services and activities are designed to support parents in their role. DMH-funded services for adults with mental illness also provide support to families

of adult clients, if the adult client has consented to having the family aware of his/her situation and are involved. Family support is provided for both clients living at home with mental illness and those who are not. For adults, these service systems promote independence while at the same time offer support to families of adult clients, many of whom continue to be key resources for their adult children, even when those children live out of the home. DMH will continue to work on the question of how to support family members of clients who are their own guardians who choose not to involve their families in their treatment, as those family members often feel distraught and frustrated by being cut out of the process of helping a loved one.

The principal DMH child and adult services providing family and individual support as a service component are described below, along with FY13 spending (encumbered and expended) as of June 27, 2013.

### **Case Management Services – Child and Adult**

- **FY12 Spending:**
  - **Child/Adolescent Case Management: \$3,055,010**
  - **Adult Case Management: \$16,003,823**
- Virtually all case management for children, and some of it for adults, can be defined as family support, in that assisting an individual to access services they need provides benefits to the entire family.
- Case managers work with parents to develop a child's Individual Service Plan and check in with the family regularly. They are available to families to help resolve situations as they arise. DMH case managers can assist parents of child and adolescent clients who may have their own mental health and substance use issues to obtain appropriate services.
- For adults living at home, much of case management support is directed to assisting the family. Even if the adult is living out-of-home, case managers and providers work with the adult's family so long as the adult has given consent.
- Case managers for children, adolescents, and adults help families think through the impact of the affected person's mental health problems on their lives, identify their strengths and personal resources, as well as outside resources and supports to promote the client's recovery and growth.
- Case managers link families to assistance for themselves, as well as for the client, as part of the service planning process, and are often the people families turn to for help in case of crises and unexpected events. They work with clients and their family members to develop advance plans for managing crises and to minimize family disruption in times of unexpected events.
- Case managers authorize the provision of services which directly support the family's care giving capacity, help families get benefits for the client, and assist families in advocating with other entities for services and supports.
- As a result of the implementation of CBHI, most children on MassHealth receive Intensive Case Coordination through the CSA's. Consequently, DMH does not provide case management to these clients, although DMH does authorize other non-Medicaid reimbursable services as needed and available. One of the goals of CBHI is to integrate services across public payers and to create a seamless delivery system for the youth and family. Collaboration between DMH and MassHealth is focused on that goal.

### **Individual and Family Flexible Support Services (IFFSS) – Child**

- **FY12 Spending: \$ 8,642,123**
- Individual and Family Flexible Support Services (IFFSS) provide an individualized and targeted set of interventions and services intended to prevent out-of-home placement, sustain the youth with his/her family and community, and assist the youth to successfully function in the community. Through this Service, a youth and his/her family develop the skills, strategies and supports needed to live successfully in the community and to support the youth's ongoing development of age-appropriate social, emotional, academic and pre-vocational competencies. The IFFSS is designed to be highly flexible to meet the varying needs of youth with serious emotional disturbance and their families. Because of the wide variation in youth and family needs, and in family abilities and the capacity of the service system to meet those needs, services provided under Individual and Family Flexible Support Services encompass a range of highly individualized interventions that focus on the youth and his/her family. These include: (1) Family Systems Intervention; (2) Individual Youth Support; (3) Youth Support Group; (4) Collateral Contact/Case Consultation and (5) Flexible Pool Administration. Individual and Family Flexible Support Services are intended to support a coordinated approach to delivering services among the educational, therapeutic and other community services working with the youth and family. The Flex Support Service Components may be delivered individually or in combination to meet the individual needs of youth and their families.
- DMH re-procured IFFSS services in FY12. Services were enhanced in order to improve the ways in which the network identifies, outreaches to, and supports families of children, youth, and young adults with serious emotional disturbance.

### **Respite – Child**

- **FY12 Spending: \$ 496,144**
- While respite care is mostly funded in IFFSS contracts, DMH also procured several respite care-specific contracts in FY12 with continued spending in FY13. Respite is brief or short-term care of a child or youth with SED that is provided by adults other than the birth parents, foster parents, adoptive parents or legal guardian with whom the child/youth normally resides. Respite is typically used to give the parents/LAR and child/youth time away from each other in order to decrease stress and support the family system. Respite care may be provided in the home or in settings outside the home, including overnight respite facilities.

### **Program of Assertive Community Treatment (PACT) – Adult**

- **FY12 Spending: \$ 12,834,356**
- PACT is a multidisciplinary team approach providing acute- and long-term support, community based psychiatric treatment, assertive outreach, and rehabilitation services to persons served. Services are comprehensive, highly individualized and are modified as needed, through an ongoing assessment and treatment planning process. The majority of services are provided directly by PACT team members in the natural environment of the person, and supports for the adult and family are available on a 24 hour, 7 day a week basis.

### **Community Based Flexible Supports (CBFS) – Adult**

- **FY12 Spending: \$ 260,656,640**
- CBFS services support persons served as they increase their capacity for independent living and recover from mental illness. Services are individualized and delivered in partnership with each person served. The mix and intensity of CBFS services provided are flexible so as to meet each person's changing needs and goals. Family support, education, and involvement in the family member's treatment planning are included within the service model, with the adult client's consent.

### **Recovery Learning Communities (RLC) – Adult**

- **FY12 Spending: \$ 3,291,899**
- DMH funds six RLCs, one in each DMH Division. The RLCs provides peer-to-peer support to individuals with serious mental illness. It is expected to serve as a "hub" in its respective DMH Division. The RLC Program is a resource and referral center that provides general information on topics of concern to peers. The information focuses on community resources and programs. Services may be offered in a variety of settings; at the RLC Program site, community mental health centers, inpatient hospitals, generic community settings, town hall, fairs, shopping mall, etc. Services include: providing and/or referring to a wide range of peer to peer support services; supporting the providers of peer-to-peer support through training, continuing education, and consultation; and linking together peer-operated services and supports for the purpose of creating a network.

### **Other Family and Individual Support Activities**

DMH funds some family support activities that are not restricted to individuals who have been determined eligible for DMH services.

- In FY14, DMH contracted with NAMI for \$244,738 and with PPAL for \$282,371. This funding supports educational programs for families. Both PPAL and NAMI offer trainings for providers to help them understand the family perspective and for community groups.
- In addition, DMH contracts with M-POWER/The Transformation Center for \$936,579 to serve as the state's consumer-run technical assistance center, conducting the certified peer specialist training program and providing supervision, support and training the peer workforce, including those employed at Recovery Learning Communities and Community Based Flexible Support services.
- In each Area, DMH funds at least one Family Support Specialist to assist individuals by telephone and to facilitate parent support groups that offer emotional support, provide education about mental health needs and state of the art treatment, teach advocacy strategies, and promote self-help for parents or other caregivers. Family Support Specialists are sensitive to the challenges of parents who may have mental health needs themselves, and the specialists are trained to support parents in accessing appropriate services. Parents in the support groups decide how the group can best meet their needs and often invite community members and various professionals to provide technical assistance and training on selected topics. Services available through these Family Support Specialists are available to all parents of children and adolescents with behavioral, emotional or mental health challenges, whether or not their child is involved

with a state agency and regardless of insurance coverage. DMH provides \$3,336,213 in funding in school and community therapeutic support contracts, which includes funding for Family Support Specialists. Parent education, parent support groups, training and leadership development, and parent mentoring activities are some of the activities offered with these funds. By enabling parents to increase their knowledge and get emotional and practical support from other parents, these activities empower many families to support their child's needs without the necessity of formal state agency involvement.

- DMH also provides \$57,350 in funding to the Clubhouse Family Legal Support Project (CFLSP), which was established in 2000 and is also supported by the Massachusetts Bar and the Boston Bar Foundations. The project attorney, working with the Mental Health Legal Advisors Committee legal team and several clubhouses, provides legal representation to low income parents with mental illness who are at risk of losing custody and/or contact with their children. The project is proving effective in helping some parents regain or retain custody and others gain visitation rights.

As noted above, DMH provides flexible supports to families of children and adolescents through its individual and family flexible support services (“flex”) contracts with mental health providers. If the DMH Individual Service Plan that is developed collaboratively by the case manager and the parent or guardian calls for family support, the family is referred to the flexible support provider. This provider then develops an initial plan with the family, indicating the family support services to be provided by the agency's staff.. The provider is responsible for assuring that services support the treatment goals for the child or adolescent. Supports are changed to address new needs or circumstances with the agreement of the family and the provider.

In addition, DMH has taken concrete steps through use of the internet and printed materials to improve awareness of mental health services and has modified its application forms for authorizing DMH services. These changes were designed to streamline paperwork, link consumers and family members with appropriate services in a more efficient manner and to provide consumers and family members with a user-friendly process that focuses on their desired outcomes and goals. Since these changes were made, there has been an increase in the percentage of completed applications for services.

## **New Initiatives**

DMH continues its redesign of adult and child services. For children and adolescents:

- DMH and DCF jointly procured their residential service system in FY13 with phased implementation to be completed in FY15.. As part of this effort, DMH continues to advance the participation and professionalization of parents and caregivers working in the system of care for children and youth with SED. DMH and DCF are jointly designing a Family Partner service to support parents and caregivers of youth receiving residential services, with expected implementation in FY14. DMH and DCF’s commitment to providing this type of peer support emerged based on feedback from dozens of families across the Commonwealth. At forums convened by DMH and DCF, families consistently



emphasized the importance of parent peer support in helping them more effectively engage in services, access needed services, and manage their caregiving responsibilities

- As part of the Caring Together Initiative, DCF and DMH have put forward a new model of service called the Continuum, which provides intensive wraparound services to youth and families to support maintaining youth living with their families. This wraparound service also has the capacity to flexibly provide out of home treatment for youth who need it while maintaining the core team of clinicians working with the family regardless of whether the youth is living at home or in a residential treatment program.
- With initial DMH funding, PPAL began work on a training process for parent support providers in the MassHealth and DMH/DCF systems and will continue this work in coordination with the joint procurement planning team and CBHI during FY15.

Within the adult system:

- DMH procured a new service, Peer-Run Respite in the Central-West Area, Peer-Run Respite Services provide a temporary place, in a home-like environment, where individuals in emotional distress and/or emergent stay overnight on a short-term basis. All direct-care staff are Certified Peer Specialists. The service, known as Afiya, was implemented in FY13. During the first year of the service, 83 people came to stay at Afiya for a total of 131 visits. In addition, Afiya team members had 618 phone or in-person contacts with people in the community. The reasons for these contacts varied, but the most common reason (240 contacts) were people looking to stay at the program but there was no availability at the time. The program is also beginning to track outcome measures. Out of the 131 stays, 74% concluded with the person returning to their own home and 18% concluded with the person staying with a friend or family. Only 5% of stays ended with a person entering a treatment facility. People staying at the program are also asked to complete a survey. 86% of respondents reported an improvement in overall emotional health; 67% reported a reduction in use of the hospital (93% of respondents reported history of hospitalizations); and 50% reported a stronger ability to self advocate. Overall, 90% of respondents reported that their improvement were related, at least in part, to their stay at Afiya.
- DMH re-procured Clubhouse services in FY13 to address unmet needs in the current system and focus on goals of employment and community integration. Clubhouse Services is a psychosocial rehabilitation service that provides supports through a membership-based community center. Clubhouse Services assists people served to recognize their strengths, develop goals, and enhance the skills people determine are needed to live, work, learn, and participate fully in their communities. Components of Clubhouse Services includes: linkage to community resources, housing supports, employment services, education services, health and wellness services, social and recreational services, transportation services and empowerment and advocacy. The new contracts will begin on July 1, 2013.
- DMH, through the use of new Mental Health Block Grant funds as well as other grant opportunities and state-appropriated funds, is expanding the scope of peer-run services. In FY12, new Block Grant funds were used by RLCs to increase hours of operation, offer new and expanded supports, and provide supports to a larger geographic area, including “satellite” offices. DMH utilized an additional increase of Block Grant funds in FY13 to further expand the six RLCs. These funds were used to build additional capacity for peer

support worker supervision and to implement a Peer Community Bridging program. This program is modeled after a successful pilot implemented in the North East Division of the state in which individuals transitioning from Tewksbury State Hospital were matched with a peer bridge from the local RLC to support transitions into the community. The Office of Recovery and Empowerment is working with DMH Area staff and the RLCs to implement and support this role. ORE obtained technical assistance from the Substance Abuse and Mental Health Services Administration's Bringing Recovery Supports to Scale Technical Assistance Center Strategy (BRSS-TACS) to provide training to the peer bridge on strategies to connect with people who are served in the inpatient system and to map individual and community assets in order to promote meaningful connections for people as they transition to the community.

- DMH also utilized Mental Health Block Grant funds to create additional peer bridge positions: a Transition Age Youth Bridge to support 18-22 year olds and two Elder Community Bridges at two Aging Services Access Points (ASAPs).

#### **IV. Accessing Services and Supports**

The legislated mission of DMH calls for a focus on serving adults with serious mental illness and children and adolescents with serious emotional disturbance who have continuing care needs that cannot be addressed by acute care services. DMH's budget is predicated on the assumptions that the acute care sector will fulfill its role, that insurers included under the state's parity legislation will fund the mental health services identified in the legislation, and that generic community agencies and organizations, given some assistance, can and will serve most children and adults, including those with mental health needs. In September of 2009, DMH and the Division of Insurance issued a joint Bulletin clarifying Intermediate Care and Outpatient Services covered under the Massachusetts Mental Health Parity Law.

#### **Current Initiatives**

One approach DMH has taken to assuring access to services is to foster educated consumers and families who can advocate for high quality acute care services and necessary funding. It should be noted that for adults, unless the parent is the legal guardian, DMH cannot contact the family without the client's permission. Thus, outreach work targets both families and adult consumers themselves. DMH does extensive outreach and training with community agencies and organizations to make them aware of DMH services including services such as education and family support activities sponsored by NAMI and PPAL. In addition, DMH is also increasing its communication and publicity activities.

- DMH funds entitlement specialists who provide training and who work with consumers and families around access to the full array of entitlements and supports for individuals with mental health problems, including Medicaid, private health insurance coverage, SSI and SSDI, housing and legal aid.
- PPAL offers a variety of supports through its network of Family Support Specialists to more than 4,000-5,000 families and trains 500 families, youth and providers each year. More than 100 parents and youth sit on policy making committees and PPAL continues to provide training to Family Partners involved with CBHI's services, including mobile

crisis. Data is collected annually from families with almost 500 respondents highlighting their experiences and priorities. These data are shared with DMH on a regular basis and assists in the development of program designs for reprourement purposes.

- NAMI has a statewide information and referral line that services thousands of callers a year. Through these calls and other requests, NAMI-MASS mails and distributes approximately 10,000 informational packets a year, covering topics ranging from the basics of mental illness to issues surrounding guardianship. The PPAL Central Office distributes a newsletter to more than 4,000 individuals. DMH Family Support Specialists, with on-going networking and information-sharing support from PPAL, serve as local information and referral resources.
- DMH also works collaboratively with Adoptive Families Together, the Federation for Children with Special Needs, and Massachusetts Families Organizing for Change, an organization focused on individuals with developmental disabilities and mental retardation which is increasingly drawing families whose children have behavioral health problems, to assure that they know about DMH services.
- DMH provides training to acute care psychiatric units, and to other state agencies such as the Department of Children and Families to keep them abreast of DMH services and service authorization requirements.
- The six regionally based Recovery Learning Communities are also taking on an increasing role in providing information, referral, and outreach activities.
- Several organizations, including PPAL and the Transformation Center, added features to their websites, including blogs and chat rooms that are responsive to the needs of a variety of consumers and family members.
- In particular, the Child and Adolescent division worked through the Transitional Age Youth Initiative to increase media involvement through increased development of Area newsletters, YouTube videos, creation of a video highlighting various transition age young adult resources and supports across the state, and continuous update and utilization of the “Speaking of Hope” website designed by young adults for young adults. “Speaking of Hope” is a website developed by the Statewide Young Adult Council and supported by the Youth Development Committee as a forum for young adult information and conversations related to housing, education, employment, resources, health and wellness, GLBTQ supports, and upcoming young adult activities or trainings-
- The toll-free Consumer Help-line at DMH fields calls from families as well as from clients. In FY14, the line received a total of 1,815 calls including 620 from individuals who identified themselves as consumers, 416 from family members, 335 calls from providers who called in the interest of consumers and 444 calls categorized as “other”..
- DMH publishes several resource guides, which are also accessible on the DMH internet site, including:
  - **The DMH Consumer and Family Resource Guide** is a listing of information and referral resources made available from the DMH Information and Referral Line. The guide is tailored for the needs of consumers and families and provides information and referral in a variety of categories from accessing DMH services to listings of consumer organizations to contact information for legal resources for consumers.
  - **The DMH Young Adult Resource Guide** is an updated guide reflecting the changing needs of the young adult population in DMH as well as those services and supports that accompany the young adult’s journey through education, employment,

- transportation, and housing. The guide is intended for young adults who need assistance in navigating these areas so that they may achieve their goals of recovery and become successful, independent adults who live and thrive in the community.
- **Creating Positive Culture of Care Resource Guide** provides information and resources that promote emerging promising practices and interventions, sensitivity to trauma, respecting and empowering children and families, and focusing on resiliency. The goal of the Guide is to promote strength-based care and reduce the use of seclusion and restraints in licensed and contracted child and adolescent hospitals and residential treatment programs.
  - General community information campaigns are conducted by the Massachusetts Association for Mental Health (MAMH) as part of its campaign to combat the stigma of mental illness. Media are particularly involved during the month of October to promote the National Depression Screening Day, and also during May, which has been designated nationally as Mental Health month. The first week in May is Children's Mental Health Week. The DMH Areas and Family Support Specialists sponsor numerous activities to increase knowledge about child mental health and the successes that youth with mental health issues can achieve. Local activities have included photography shows of work done by youth, Area-wide conferences with youth performances, and distribution of informational materials to libraries, schools, and pediatricians' offices.
  - DMH and the Department of Children and Families continue to collaborate to assure that caregivers with mental illness involved with the child welfare system receive the services they need. In January 2002, DMH changed its adult eligibility guidelines to require that adult applicants be asked if they are involved with the Department of Children and Families, and if so, to offer short-term DMH services while their applications are being considered. The DMH Request for Services asks all adult applicants if they are parents, as any individual involved with the mental health system may need parenting support.
  - In August 2009, DMH promulgated revised service planning regulations which were designed to incorporate the planning processes that are integral to DMH's new service model, Community Based Flexible Supports (CBFS). The regulations describe the Individual Action Plans (IAPs) required to be developed by CBFS providers, and distinguish them from Individual Service Plans (ISPs) developed by DMH case managers. The planning processes focus provider and consumer attention on consumer voice and choice, and are driven by a commitment to the principles of recovery. The regulations also shift the process away from categorical DMH eligibility to one of service application and approval. The purpose of this shift is to emphasize the matching of consumers who meet clinical criteria to specific services that DMH offers and has available, as opposed to a less well-defined "eligibility" for any or all DMH services.
  - DMH developed a liaison function between DMH Site offices and acute care inpatient psychiatric units and facilities. The DMH liaison works with inpatient facilities to assist in referrals to DMH continuing care inpatient beds; identify possible alternatives to inpatient continuing care; facilitate linkages between the inpatient unit and existing community providers; and facilitate transfers to continuing care when alternative dispositions are not possible.

## **New Initiatives**

DMH continues to monitor the impact of redesigned services in the child and adult systems to ensure that they are accessible to consumers and families.

## **V. Culturally Competent Outreach and Support**

### **Current Initiatives**

The Department is committed to culturally competent care. All services are made accessible to individuals and families as needed. If English proficiency is limited, then interpreter services are made available. Likewise, interpreters are made available for individuals who are deaf and hard of hearing. DMH attempts to insure that all written materials are available in the client's preferred language. Translations are done, as needed, for individuals for client-specific matters.

The Office of Multicultural Affairs (OMCA) has the structural and functional responsibility and accountability for developing DMH's cultural and linguistic competence and all aspects of cultural competence in the mental health service delivery system for children and adults. Included in the OMCA activities are:

- Implementation of the DMH Cultural & Linguistic Competence Action Plan. The Action Plan established goals, objectives and SFY 14 timelines for the integration of cultural and linguistic competence activities of DMH.
- Implementation of the DMH Language Access Plan (Interpreter and Translation Services) which defines the actions DMH is taking to ensure meaningful access to DMH services, programs and activities on the part of persons who have limited English proficiency, client language data tracking and points of contact between DMH Areas, Sites and DMH hospitals and the client population

Examples of accomplishments and activities of DMH under the leadership of OMCA include:

- OMCA provided technical assistance to identified needs and develop action steps to increase the participation of diverse population in two consumer, family and community focused programs.
  - Multicultural Outreach with Parent Professional Advocacy League
  - Transformation Center
- Expanded the cultural and linguistic competence of the Community of Practice (CoP) for seven Community Services Agencies (CSA) across Massachusetts to increase access to diverse populations and improve quality of care. OMCA worked with the CoP to develop and implement a cultural and linguistic competency training toolkit to share with the CSAs.
- Provided "Clinical Competence in Working with Culturally and Linguistically Diverse Clients" training to DMH and providers.
- Implemented the 5<sup>th</sup> Annual Asian American Pacific Islander Mental Health Forum through a partnership with the Boston Public Health Commission, Tufts Medical School, Simmons College and other community-based organizations.

- Partnered with the DMH Child & Adolescent Division to develop a cultural competency module for the young adult “Peer Support and Core Gift” training curriculum.
- Invited to participate at the White House Conference on Mental Health and implemented the Many Faces of Mental Health: Sharing Our Stories, a Boston conversation on mental health for city residents, clergy, first responders, educators, health and human services providers, and state and city employees.
- Provided community outreach and dialogues and implemented two emergency preparedness trainings in response to the Boston Marathon bombings in partnership with the Office of Refugees and Immigrants, the Center for Multicultural Mental Health at Boston Medical Center.
- Continued collaboration with PPAL on multicultural community outreach and training, including the development of a “Culturally Comfortable Care Tip Sheet” and community conversations for families.
- Continued participation in the development of states and national strategies to eliminate disparities with the Cultural and Linguistic Competence Coordinators Affinity Group organized by the National Association for State Mental Health Program Directors and National Center for Cultural Competence
- Continued participation in the development of state and national strategies to eliminate disparities and share Massachusetts’ experience with the Cultural and Linguistic Competence Coordinators Affinity Group, organized by the National Association for State Mental Health Program Directors and the National Center for Cultural Competence.
- Provided 66 consultations, information and referrals for diverse clients served by DMH staff and vendors
- Updated state population demographic data by age grouping, race and Hispanic/Latino origin with 2010 American Community Survey for FY12 service enrollment and utilization reports.
- Identified multicultural and disparities research opportunities related to prevention and integrated care with the two Centers of Excellence.
- Updated the 2014-15 Multicultural Populations Resource Directory, translated materials catalog, bibliography, and web-links on cultural competence.
- OMCA continues to assist in the translation of survey materials to increase the participation of individuals participating in the annual consumer and family member satisfaction survey who do not speak English as their primary language. The introductory letters, each of the surveys, the first and second survey mailing cover letters, the postcard reminders, and the thank you letters were all translated into ten languages.

## **New Initiatives**

The Office of Multicultural Affairs will continue to be an active participant in the service planning and procurement process. Specific activities in progress are:

- Development of the FY15-16 Cultural and Linguistic Competence Action Plan
- OMCA, the East Coast Asian American Student Union and the National Asian American Pacific Islander Mental Health Association hosted the first national mental health conference for Asian American university students at the University of Massachusetts-Boston.

- Sponsoring of the Peer Support Whole Health and Resiliency Training and developed an Asian American Training Module with the National Asian American Pacific Islander Mental Health Association.
- Implementing strategies to eliminate disparities for the “Success for Transition Age Youth and Young Adults” (STAY), SAMHSA’s implementation grant, to increase access of culturally competent services for young adults and their families.
- Organization of the second Boston Conversation on Mental Health, “Many Faces of Mental Health: Let’s Talk about Prevention, that includes a key focus on children and family mental health
- Partnering with the Office of Refugees and Immigrants on the Newcomer Welcoming Network.
- Presented in the sharing of Massachusetts’ experience in the Training Institutes of the “Achieving Equity in Children’s Mental Health”, organized by the National Technical Assistance Center for Children’s Mental Health at Georgetown University Center for Child and Human Development in partnership with the Center for Mental Health Services, Substance Abuse and Mental Health Services Administration.

The Transformation Center has continued its focus on increasing leadership skills and opportunities among multi-cultural populations with the goal of expanding mental health recovery outcomes and access to peer support roles within these populations. Strategies to increase access include:

- Eight Deaf and hard of hearing individuals received support and mentoring in culture-specific mental health recovery activities that reached over 375 deaf and hard of hearing people
- One Deaf leader was given a scholarship to a Minnesota CPS training by ASL trainers; this leader will join with one other Deaf CPS in Massachusetts toward a Massachusetts-based CPS training team
- Co-sponsored participation of four Deaf individuals to attend a Whole Health & Resiliency peer support training as a first step for these individuals to become trainers themselves.
- Initiated a CPS preparation course at The Transformation Center to engage Latin and black participants, preparing six who will be eligible for the CPS training in 2015
- Continued to support and develop affinity groups for mental health recovery promotion and leadership reaching over 485 people among Latino, black and Deaf/Hard of Hearing community members in a variety of leadership activities, some of which were partnered with the MultiCultural Advisory Committee of the DMH; The Transformation Center also continued to do the groundwork to develop a pan-Asian affinity group.
- The Transformation Center presented a second iteration of the ATRIUM training (Addiction & Trauma Recovery Integration Model - a training highlighted by the National Center for Trauma Informed Care) led by English and ASL trainers in a bilingual interpreted class held for English and ASL communicators together. Eight participants completed the training and The Transformation Center provided train the trainer support for the two Deaf trainers who co-presented with an experienced hearing trainer.

- Latinos en Accion, the Latin affinity group supported by The Transformation Center, partnered with DMH to produce two brochures for Latinos on a) Trauma & Healing and on b) Self-Inflicted Violence (Self-injury) & Healing.

## **VI Interagency Collaboration**

Major planning for child and adolescent service system development and integration continues to take place as part of the Children's Behavioral Health Initiative (CBHI).

- The DMH Commissioner chairs the Children's Behavioral Health Advisory Council, on behalf of the Secretary of Health and Human Services. This Council is mandated under legislation passed in 2008, chapter 321, An Act Improving and Expanding Behavioral Health Services for Children in the Commonwealth. It is made up of stakeholder groups identified in the law and meets monthly to monitor, plan and make recommendations on targeted activities.

DMH is also engaged in interagency activities with a specific focus. There are numerous activities to promote the mental health of youth and adults.

- DMH has been an active participant in DPH's Project LAUNCH grant program funded by the Substance Abuse and Mental Health Services Administration for promoting the wellness of young children from birth to 8 years of age by addressing the physical, emotional, social, cognitive and behavioral aspects of their development. Massachusetts was one of 12 states awarded this grant for up to \$850,000 each year for 5 years.
- DMH is also actively engaged in the MYCHILD SAMHSA Children's System of Care grant which seeks to identify children through age 5 who have or are at high risk for SED, providing them with family-directed, individualized, coordinated and comprehensive services.
- DMH is an active member of an Interagency Work Group (IWG) established by the Department of Public Health in 2001 with membership that also includes the Departments of Children and Families, Youth Services, Developmental Services and Transitional Assistance, MBHP, the Juvenile Court and the Parent Professional Advocacy League (PPAL) and selected substance abuse providers. The IWG goals are to build common understanding and vision across state systems; design and implement a community centered system of comprehensive care for youth with behavioral health disorders that incorporates evidence based practice; coordinate service delivery across systems; simplify administrative processes; and develop purchasing strategies that maximize federal and state dollars.
- DMH is represented on DCF's Statewide Advisory Council. In addition, DMH collaborates with the Transition Age Youth Coordinator for DCF on matters pertaining to young adults 16-25.
- DMH also collaborates with the Department of Elementary and Secondary Education (DESE) on a number of initiatives and task forces, including:
  - DMH representation on the Special Education Advisory Council whose purpose is to review and make recommendations pertaining to Special Education's State Performance Plan and Annual Performance Report
  - DMH representation on the McKinney Vento Homeless Assistance Act Steering Committee, which reviews the allocation of federal funds and makes



- recommendations for Homeless Liaisons and programming allocated throughout Massachusetts school systems as well as reviews reports on numbers of Homeless in Mass preschool, elementary and high schools;
- DMH representation on the Massachusetts Family Literacy Consortium, which oversees Literacy grants and initiatives;
  - DMH representation on the 0-3 Early Childhood Task Force to review models and programs for early childhood population;
  - DMH representation on the Safe and Supportive Learning Environment Advisory Council;
  - DMH participation on the Bullying Prevention Advisory Council to DESE in the design of expectations related to the recently passed Bullying Prevention legislation;
  - DMH as the convener of a School Based Collaborative in its Metro Boston Area, attended by senior representatives from the Boston Public Schools and community based mental health agencies which contract with DMH to provide consultation, training, and specialized interventions to students in over 100 schools within the greater Boston area.
- DMH participated with the Massachusetts Association of Older Americans, Executive Office of Elder Affairs, the Massachusetts Aging and Mental Health Coalition in producing the second edition of “Eliminating Barriers to Mental Health Treatment: A Guide for Massachusetts Elders, Families, and Caregivers”, a resource in great demand within the state and which federal officials are recommending as a national model.
  - DMH partners with the Department of Youth Services (DYS) the Office of the Commissioner of Probation and the Juvenile Court Clinics to address issues of joint concern. The DYS Commissioner is a member of the Children’s Behavioral Health Initiative Executive Team which is chaired by the Commissioner of Mental Health and which meets bi-weekly with the goal of integrated planning across child serving agencies for youth and families with mental health challenges. The Commissioner of Probation meets regularly with the Commissioner of Mental Health and senior management staff related to the interface/accessibility of the CBHI services with youth on probation. DMH and DYS are developing consistent care coordination practices that ensure integration and coordination of service delivery for youth served by both DMH and DYS.
  - In response to growing concern about restraint and seclusion use in child-serving settings, DMH is participating in a cross-secretariat effort to reduce and prevent their use. The Initiative brings together leaders from the state Departments of Children and Families (DCF), Mental Health (DMH), Youth Services (DYS), Early Education and Care (EEC), Elementary and Secondary Education (ESE) to work in partnership with the Office of the Child Advocate and parents, youth, providers, schools and community advocates to focus on preventing and reducing the use of behavior restrictions that can be re-traumatizing. The vision for the multi-year effort is that all youth-serving educational and treatment settings will use trauma informed, positive behavior support practices that respectfully engage families and youth. This Initiative capitalizes on the Department of Mental Health's award-winning, nationally recognized, 10-year restraint and seclusion prevention.
  - An EOHHS meeting of the formed Children, Youth and Families Advisory Council was convened to identify critical issues for system and services reform. To date, the following categories have been identified for discussion: collaboration between human

services and education; integration, coordination and collaboration; data sharing; family engagement; family support; prevention; and disparities.

- DEEC, which licenses all childcare programs in the state, and MassHealth have jointly funded clinical positions, based in community clinics selected by childcare programs, to provide consultation, training and triage for children with behavioral problems. Many of these children exhibit symptoms of Post Traumatic Stress Disorder or other early traumas. DEEC also funds clinical consultation to day care programs, inviting DMH to participate in its provider selection process. Following the receipt of a multi-year \$50 million Race to the Top federal grant by DEEC, DMH is partnering with DEEC to oversee the mental health consultation grants on DEEC's behalf and provide training and consultation to pre-school programs across the state. Parent support groups will be expanded to address the needs/interests of parents with pre school age children. The Massachusetts Child Psychiatry Access Project (MCPAP) is expanding to focus on pre-school age children; 14 pediatric practices now offers parents the opportunity to participate in Triple P ("Positive Parenting Program"), an evidence-based intervention focused on parent skill building.
- DMH and DCF have collaborated to change daily practice in both agencies to better address the needs of service provision for parents with mental illness and improve outcomes for children. DMH changed its practice to offer short-term services to adult applicants who were DCF involved, cross-training has been provided so that workers in each system better understand the resources and also the regulatory environment in which each works, and DMH consults to DCF regarding service planning for children with mental health problems and for those whose parents have mental illness. The DMH Child Medical Director meets monthly with the DCF Psychiatrist and the DCF Clinical Specialists to discuss trends, issues, and complex situations related to client/family needs. DMH continues to assess how its services can be improved for those children who have a parent or primary caregiver living with mental illness and collaborate with DCF to improve identification and supports for parents with mental illness. Towards this end, the Department of Children and Families partnered with the Department of Mental Health, Mass Health Division of Behavioral Health and the Department of Transition Assistance at an interagency forum in October 2011 to develop more effective collaborative responses to the needs of parent and caregivers with mental health and co-occurring conditions and their children.
- As a majority of children in the state have some of their mental health treatment covered by private insurance, this population must be considered as well when talking about an integrated system providing comprehensive services. Massachusetts passed mental health parity legislation in 2000 mandating coverage for both acute and intermediate care and created an ombudsman resource at DPH to oversee managed care implementation. In 2008, the law was amended to broaden its scope to include substance abuse disorders, post-traumatic stress disorders, eating disorders and autism for both adults and children. In 2009, DMH, the Division of Insurance, and DPH issued guidance clarifying what is covered under intermediate care. As the state achieves full implementation of the Rosie D court order, a continuing challenge is to create a provider network that serves both the publicly and privately insured and ensures continuity of care as children move on and off of Mass Health.

- DMH continues to partner with MassHealth on a number of initiatives. DMH, MassHealth and DCF are partnering in the standardized design and development of a Family Partner workforce which will assure continuity of care for families across levels of care and across public payors. DMH and Mass Health jointly review the activity of the Medicaid Managed Care Entities (MCE's) related to Emergency Services Programs which are jointly funded by MassHealth and DMH. DMH is also represented on the Family Advisory Council of the Massachusetts Behavioral Health Program (MBHP). In addition, the DMH Child Medical Director and the Mass Health Office of Clinical Affairs Medical Director co-chair an ongoing Committee related to psychotropic medication use among children with the goal of developing an algorithm for best practices.
- DMH continues to take a leadership role in responding to the concerns of provider organizations and parents of children with behavioral health issues regarding the number of people in Emergency Departments (EDs) and excessive wait times as they sought evaluation and admission to psychiatric hospitals. In FY12, DMH convened workgroups to address issues related to wait times in Emergency Department and access to acute-care psychiatric units/facilities, including improving referral process, promoting community-based medical screening, establishing routine regional meetings among community-based step-down providers, inpatient facilities and Emergency Departments, and developing new statewide referral process for anticipated new inpatient specialty unit.

### **New Initiatives**

- As DMH proceeds with its procurements in FY15, it will continue to solicit input from the other state agencies with which DMH regularly interacts, including the child-serving agencies and Elder Affairs. Family support will continue to be a critical agenda item. A major focus of activity between DMH and DCF is the ongoing collaboration related to implementation of the Caring Together Residential Services for clients/families served by each agency. Teams of DMH and DCF staff work collaboratively on implementation tasks
- The DMH Child and Adolescent Division is committed to the principles of family voice, choice, and engagement at all levels of service delivery and policy development. Developing a highly skilled workforce of Family Partners and Parent Support Providers is an integral component of any effort to make that a reality. To that end, DMH continues to collaborate with MassHealth and PPAL in developing trainings for family partners/parent support providers working across a variety of settings, including both community and residential settings
- In FY13, DMH, in partnership with CMCC and EOHHS, received a one-year planning grant to develop a strategic plan to enhance services and increase service access and relevance for transition age young adults (16-21) within the Children's Behavioral Health Initiative. Key components of the grant planning include: Youth-Partnered Assessment Team; youth and young adult leadership roles, especially with social marketing; trainings and professional development for youth and staff; creating Youth Advisory Groups with Community Service Agencies (CSAs); and a CSA Self-Assessment pilot project to enhance the engagement of transition age youth/young adults and their families. The Youth Development Committee of the State Mental Health Planning Council is also a key partner in these activities. Several components of the Strategic Plan that have continued include: continuation of the Youth Advisory Groups, as well as the

development of the Achieve My Plan (AMP) training which is a modified Wraparound model for engaging and empowering older adolescents in their recovery.

- DMH was subsequently awarded a 4 year \$4 Million dollar SAMSHA STAY Together Implementation Grant to advance the goals set forth in the planning grant. A primary focus of the implementation activities includes partnering with, support of and education of parents and caregivers whose youth are transitioning to adulthood. The tasks associated with this goal include:
  1. Training for Lead Family Partners in supervising Peer Mentors. In partnership with PPAL, the project will develop of a training curriculum for parents of transitioning youth to address: changing roles of families; overview of benefits, health care and advocacy; legal options; and communicating with your child and with your child's provider.
  2. Development of six support groups for parents and caregivers of young adults, one in each of the MassHealth Community Service Agencies (CSA).
  3. On-going psycho-educational training for parents and caregivers.
- DMH continues to partner with DPH/Health Imperatives and jointly offered three regional trainings on "Creating Safety for GLBTQ Youth in our Communities", as well as two continuation trainings on "GLBTQ Youth and Mental Health: Intersections and Best Practices".
- DMH is an active participant in multiple efforts within EOHHS to improve the integration of behavioral and physical health care systems including the Accountable Care Organization (ACO) Initiative, MassHealth planning regarding the Health Homes option in the Medicaid State Plan, Integrated Care Initiative for Individuals Dually Eligible for Medicaid and Medicare, and the Patient-Centered Medical Home Initiative (PCMHI). DMH has taken a leadership role in working with MassHealth to ensure that consumer and family involvement is included within planning and procurement activities for Medicaid services. DMH assisted MassHealth is establishing a Consumer Panel for both the MassHealth PCC (Primary Care Clinician) Panel and the Dual Eligible Demonstration Project, which led to the procurement of One Care Plans in FY13. Both panels participated in the Request for Review (RFR) review process. DMH also worked with MassHealth to establish an Implementation Council that plays a key role in monitoring access to healthcare and compliance with the Americans with Disabilities Act (ADA), tracking quality of services, providing support and input to EOHHS, and promoting accountability and transparency. At least half of all Implementation Council members are MassHealth members with disabilities or family members or guardians of MassHealth members with disabilities.